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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 1413.101

First Named Inventor O'HAGAN

COMPLETE IF KNOWN

Application Number /

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

USE OF HYALURONIC ACID POLYMERS FOR MUCOSAL DELIVERY OF VACCINE ANTIGENS

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/087,596	JUNE 01 1998 (06.01.1998)	

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/US99/12105	MAY 28, 1999 (05.28.1999)	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

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Lisa E. Alexander, Reg. No. 41,576
Anne S. Dollard, Reg. No. 43,935
Alisa A. Harbin, Reg. No. 33,895
David P. Lentini, Reg. No. 33,944
Roberta L. Robins, Reg. No. 33,208
Gary R. Fabian, Ph.D., Reg. No. 33,875

Robert P. Blackburn, Reg. No. 30,447
Joseph H. Guth, Reg. No. 31,261
Charlene A. Launer, Reg. No. 33,035
Kimberlin L. Morley, Reg. No. 35,391
Dahna S. Pasternak, Reg. No. 41,411
Cathleen M. Rocco, Reg. No. 46,172

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number
or Bar Code Label

OR ☒ Correspondence address below

Name	ANNE S. DOLLARD				
Address	CHIRON CORPORATION, INTELLECTUAL PROPERTY - R440				
Address	P.O. BOX 8097				
City	EMERYVILLE	State	CA	ZIP	94662-8097
Country	US	Telephone	510-655-8729	Fax	510-655-3542

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Derek		O'HAGAN	
Inventor's Signature	x <i>Derek O'Hagan</i>		Date
Residence: City	Berkeley	State	CA
Country	US	Citizenship	UK
Post Office Address	c/o Chiron Corporation		
Post Office Address	4560 Horton Street, R-440		
City	Emeryville	State	CA
ZIP	94608	Country	US

☒ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION
ADDITIONAL INVENTOR(S)
Supplemental Sheet
 Page 1 of 1
Name of Additional Joint Inventor, if any:☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Alessandra

PAVESIO

Inventor's
Signature

Date

Residence: City

Padova

State

Country

IT

Citizenship

IT

Post Office Address

Via Decorati al Valore Civile, 159

Post Office Address

City

Padova

State

ZIP

35100

Country

IT

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Derek		O'HAGAN			
Inventor's Signature				Date	
Residence: City	Berkeley	State	CA	Country	US
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Family Name or Surname

Alessandra

PAVESIO

Inventor's
Signature*Alessandra Pavesio*

Date

11/20/00

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Padova

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